



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 940258	NAME OF AGENCY TRCY PD / STATE OF MISSOURI	DATE OF INSPECTION 02/20/2014			
LOCATION OF INSTRUMENT (STREET AND CITY) 800 CAP. AN. CORIS, TRCY		TIME OF INSPECTION 0628 HOURS			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.					
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)		DATE AND TIME (from printout) 02/20/14 0628 HOURS			
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR				
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS				
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD				
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION				
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER				
<input checked="" type="checkbox"/> INDICATOR LIGHTS					
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER GUTH		LOT # 13010 EXP. DATE 01/09/2015			
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C		SIMULATOR SN SD2505 EXP. DATE 01/23/2015			
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 .099 %	TEST 2 .100 %	TEST 3 .100 %			
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS <input checked="" type="checkbox"/>	(0-.04) <input checked="" type="checkbox"/>	(.05-.09) <input checked="" type="checkbox"/>	(.10-.14) 1	(.15-.19) <input checked="" type="checkbox"/>	OVER .19 <input checked="" type="checkbox"/>
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).					
<hr/>					
INSPECTING OFFICER					
SIGNATURE T. Bernie Clayton			PRINT FULL NAME T. BERNIE CLAYTON		
TYPE II PERMIT NUMBER/EXPIRATION DATE 220414 12/27/2014			TELEPHONE NUMBER (636) 528-4725		
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901					



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13010** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 14, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 9, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number **FN122211-02** whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 940258
02/20/14

ARREST TIME: 06:00
SUBJECT NAME:
TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
PERMIT NUMBER: 220414
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 06:43
INTERNAL STANDARD VERIFIED 06:43
SUBJECT SAMPLE .000 06:44
BLANK TEST .000 06:45

Operator Signature 

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATAMASTER SERIAL NUMBER 940258
02/20/14

ARREST TIME: 06:00
SUBJECT NAME:
RFI/TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
PERMIT NUMBER: 220414
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST .000 06:41
INTERNAL STANDARD VERIFIED 06:41
RADIO INTERFERENCE

Operator Signature 

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940258
02/20/14

TESTING OFFICER:
CLAYTON/BERNIE
OFFICER I.D.: 131
PERMIT NUMBER: 220414
EXPIRATION DATE: 12/27/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---		
BLANK TEST	.000	06:32
INTERNAL STANDARD	VERIFIED	06:32
EXTERNAL STANDARD	.099	06:32
BLANK TEST	.000	06:33
EXTERNAL STANDARD	.100	06:33
BLANK TEST	.000	06:34
EXTERNAL STANDARD	.100	06:34
BLANK TEST	.000	06:35

N = 3
SIM. = .1
AVG. = .0996

Operator Signature 

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
BAC DATA MASTER SERIAL NUMBER 940258
02/20/14
06:28

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 49C
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF
GHIJKLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~

Operator Signature 

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BERNIE CLAYTON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/27/2012

Number 220414

Expires 12/27/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

Lab. 4 (R7-88)